Dr. Young
with the Author's kind regards

CLINICAL CASES

ILLUSTRATIVE OF

MORAL IMBECILITY AND INSANITY.

BY

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MORAL IMBECILITY AND INSANITY.

THE following cases may be deemed interesting as a contribution to our knowledge of the natural history of one variety of the more obscure forms of mental disease. I have collated the cases from the records of the Royal Edinburgh Asylum, and I avail myself of the opportunity to thank Dr. Skae for his kind permission to give the following abstracts of them. They show the general family features, so to speak, of moral imbecility. It will be at once seen that there is little difference in the character of the mental deficiencies, but that the cases vary principally in the amount of moral perversion.

Under the term "*Moral Imbecility*" I include all those cases in which there is a congenital deficiency of one or more of the moral powers. In using the word *congenital* I include those cases in which the disease is obviously strictly congenital, or dating from a very early period of life —cases in which there has been an arrest in the development of the brain; using the term in an enlarged sense, in a similar manner as the word *idiocy* is understood to apply to cases in which epileptic convulsions during dentition, or other causes, have induced the malady, as well as to those in which the mental state is attributed to anti-natal causes.

With many of the pauper patients the information supplied is so scanty that their histories are exceedingly imperfect. The difficulty in obtaining correct data is increased by the often unintentional, but too often wilful, falsity of the patient's friends, who commonly imagine there is something disgraceful in admitting the existence of long-standing mental infirmity, or of hereditary pre-disposition to it on the part of those whom they place in an asylum.

CASE 1.—L. M—, æt. 17, single. She was stated to have been naturally weak-minded, obstinate and quarrelsome in disposition, moody and reserved, of idle and vicious habits. Two half-cousins of her father were affected in a similar manner. She had always been a spoiled child. Her friends recognised that her disease was inherent and stated that it had become more apparent for three or four years preceding her admission, *i. e.*, when she was between twelve and thirteen years old. She was an incorrigible liar and thief. She had been apprenticed to a dress-maker but never went to the shop, telling her mother that the dressmaker was not well and the dressmaker that her mother required her at home. Her education

was exceedingly imperfect, because she would never learn anything. Although she had been more kindly treated than any other of the family, she had always complained of not being sufficiently well treated. She was restless, sleepless, violent, and destructive, and had threatened to injure her mother and sisters with lethal weapons. With the exception of some hysterical fits shortly before her admission, her bodily health had been in every respect good. She was of short stature, rather stout, of the bilio-lymphatic temperament.

For the first three months she appeared quite sane, being quiet and well-behaved both by day and night, and industriously occupied in needlework: no trace of any delusion could be ascertained: She deeply deplored her conduct towards her mother. She continued quite quiet until she begged to be sent home, and promised implicit obedience to her mother, but upon its being hinted she had better remain a short time longer the malignant expression of her countenance was such as ill agreed with the protestations of repentance and reform she had made a few minutes before. For a year after this she now and then exhibited the most morbid feelings of hatred to her relatives: at times she was most troublesome and obstinate, doing whatever she ought not, and never doing what she ought. She showed considerable moral weakness and displayed some unfounded suspicions in the opinions she formed of the motives and intentions of others. She then continued quiet, most civil and obliging, industrious and well behaved for nine months, at the end of which time she had a quarrel and at bed time positively refused to go to bed, and bestowed a well-directed shower of blows on the attendants. She had behaved so well that it was considered proper to see how she would get on outside the asylum, and she was therefore let out on pass to visit her relatives, whom she threatened to hurt, taking articles off the mantelpiece, lifting a poker, &c., to effect her intentions: she terrified her relatives by her expressed hatred of, and violent conduct towards them, so much that they earnestly begged she might not be sent out again. She did not have another outbreak in the asylum for a year, when she became cross and sullen, obstinate and quarrelsome, required to be fed for nearly a fortnight, was very destructive to her clothing, and violent in her language, and now and then committed acts of violence: from this attack she gradually recovered, and was restored to her former quiet condition, but occasionally she was passionate and obstinate, cursed and swore, broke windows, and tore her own and the attendants' clothes,—a very little sufficed to induce one of these attacks. After a time she improved and continued, for her, pretty well (with the exception of transient turns of obstinacy and ill-nature) for four years, when she had another, bnt short, violent outbreak. For the last three years she has continued unchanged: every six weeks or so she becomes sullen, idle, moody, careless of dress and desirous of keeping in bed; this is followed by a state of irritability and crossness, during which she is very impulsive: masturbation is the cause of these periodical attacks. In the intervals she is very well-behaved and industrious.

At the end of ten years this patient remains without any intellectual disorder, if her natural weakmindedness be excepted. Her case is one of pure moral congenital imbecility, in which many of the emotions and sentiments are perverted. The patient has very little self-control, and does not seem at all desirous of exercising what little she has, being very easily transformed from a quiet, well-behaved and industrious woman to an obstinate, vicions and quarrelsome termagant. Masturbation may fairly be attributed to her want of self-control, and it is only too probable will cause her case to become one of dementia. Throughout her residence in the asylum the patient has been repeatedly tried at home; but all the members of her family were terrified by her threats, on every occasion, of personal violence. She tells the most monstrous falsehoods about the treatment she has received from her relatives, and takes every opportunity to abuse and swear at them.

Case 2.—M. N—, æt. 21, single. She was stated not to have any hereditary predisposition. Her natural disposition was frank. Her peculiarities were first remarked when she was sixteen or seventeen years old, when she occasionally laboured under restlessness and bad temper. She then took a strong dislike to the members of her family, and especially to her mother and sisters—on one or two occasions she threatened to cut a sister's throat. She has become gradually and progressively worse since that time. She fancied herself exceedingly clever, which she certainly was not.

On admission she appeared quiet but was very unsettled in her manner. She seemed to be of a hysterical temperament. She soon became very troublesome, from her passionate and quarrelsome disposition; had a great talent for setting her neighbours by the ears, and frequently became enraged without cause, then becoming exceedingly noisy; on her being removed into another and less quiet gallery she immediately became well-behaved, and promised better behaviour.

After being nine months in the asylum her state was thus reported:—"At one time quarrelsome, passionate, and abusive, and at another trying to gain favour by good conduct, which is very transient. Has been refusing food, being, as she says, very anxious to die, and having bound herself by the most solemn oaths never to taste food again; these resolutions soon gave way after she had been fed. Is either in a very contrite or a very abusive mood." Three months afterwards it is recorded of her, that "she lies and swears abundantly, and is a proficient in awful and obscene abuse." She continued without much change for a year and a half, after which she behaved herself well and was industrious from a desire to get away, which she did on probation six months afterwards.

Within two months of her discharge she was brought back in consequence of having conducted herself very badly ever since she left the asylum—she stormed and scolded, threatened to throw herself over the window, and to cut her sister's throat: on readmission she feigned penitence. From that time (three years and a half ago) to the present she has been without any change. Occasionally she is troublesome, passionate, deceitful, fond of falsehood, quarrelsome, swears, and uses obscene language, and is very abusive: at other times she behaves very well for a variable time, especially when she has an object, and often feigns illness so that she may obtain indulgences.

In this case the symptoms, from being slight, have progressively increased, until the patient labours under a total perversion of all the moral sentiments. She is revengeful, dangerous, and threatens suicide; egotistical, sullen, passionate and vicious; fond of making disturbances between other patients, swears fearfully, has an utter disregard for the truth, breaks out into torrents of abuse, and sometimes uses very obscene language. And yet, when she wishes (which is, unfortunately, seldom) she can exercise a considerable amount of self-control, being able to behave herself very well, be industrious and cheerful, and use proper language.

Her insanity appears to have developed itself at puberty although, doubtless, it must have been connected with some natural defect of her moral constitution.

Case 3.—B. M.—, æt. 17, single. Insanity, in this case, became well marked when the patient was twelve years of age. She was very self-willed and violent and had gradually become more and more so up to the time of her admission. She had been naturally cheerful and frank in her manner, though quiet; had at times worked but little, and was very unsettled; at other times she had been industrious

and quiet. The catamenia were quite regular. She was sent to the asylum in consequence of her having become quite uncontrollable at home, assaulting her parents with a poker and other weapons, using improper and disgusting expressions, and sometimes satisfying the wants of nature in the presence of her family.

On admission she was obstinate, restless, very much disposed to have her own way, and cross; when she had been in the asylum for a short time she became sullen, rude and mischievous, but soon improved, and was discharged three months after admission.

For some time after her discharge she continued to conduct herself well, but she had again become unmanageable at home, and when readmitted was in a similar state as on her previous reception, *i. e.* restless and unsettled, speaking absurdly, admitting she had frequently assaulted her parents, for which she could or would not give any reason. At the end of six months she was again removed; during her residence in the asylum she had been often very petulant and rude, sullen and idle, very apt to make mischief among the other patients, and very desirous of attracting the attention of the physician.

She was again re-admitted sixteen months after the last discharge, never having been well, but in the same state as hitherto. She laughed without cause, was incapable of carrying on a continued conversation coherently, was rude, behaved indecorously, and made use of filthy language. One night, four months after admission, she screamed, broke windows, said there was some one under the bed, was violent, tore her dress, and spoke incoherently; for a month after this she continued more or less maniacal—she was noisy both by day and night, dirty in her habits, and slovenly in her dress, obscene and filthy in her manner and conversation, and masturbated: a month later she was destructive to her clothing and to the furniture, sometimes naked, and could hardly be got to answer a simple question coherently. She then gradually improved so much that she was again discharged, a year and a half afterwards, as relieved. Nine months after that (last June) she was re-admitted for the third time: she took little or no notice of anything or anyone, was taciturn, idle, and sullen. At present she is silly, sings, and is noisy at night, and masturbates.

This case demonstrates how a case of pure moral disease can become one of intellectual insanity as well. When first admitted she was labouring under moral insanity, which gave rise to masturbation, that has led to a general impairment of her whole moral and intellectual faculties, which, with her natural deficiency, renders her case one of a very hopeless description.

Case 4.—C. H—, æt. 19, single. Little was known of her history; it appeared she was a native of Orkney, and had lived at Leith for two years preceding her admission. She had been seduced a year before, and since that time had led a most reckless and abandoned life. Dissipation, poverty and remose seem to have combined to aggravate her natural tendencies. About a fortnight before admission she had attempted suicide by taking laudanum. She had shown strong suspicions, was restless and sleepless, and had attempted death by precipitation. She was short in stature, of a melancholic temperament, rather stout, and apparently in good bodily health.

As a general rule she was quiet, orderly and industrious, but at times she was obstinate and impatient of control. Six months after admission she had an attack of hysterical mania, when she became very violent, swore much, and showed a strong suicidal tendency—she spoke of hanging herself, of cutting her throat, and of drowning herself; but it was doubted whether she was in earnest, it being thought more likely that she wished to create sympathy. It is reported of her four months later, that she took care she had a good audience whenever she threatened or attempted suicide, or had an explosion of excitement and violence. She then began to improve, and nine months later was discharged as recovered.

She was re-admitted rather more than three years afterwards, having in the mean time conducted herself well until a few days before admission, when she became restless, said she was miserable and unsettled, and was found in the streets with laudanum in her pocket. After behaving in the same manner as on the previous residence in the asylum she was again discharged, eleven months after her second admission.

After this she continued out of the asylum for six months, when she was again found in the streets excited, and with laudanum in her pocket It appeared she had been living her old kind of life since her discharge. She soon began to excite other patients against the attendants ; when checked for that, she broke windows, and when stopped at that, attempted to commit suicide by throwing herself into the fireplace. A short time afterwards she was delivered of a child ; she improved after this, and was again discharged after being in the asylum for seven months.

A year and a half later she was admitted again ; in the mean time she had been behaving tolerably well, until a short time before admission, when she got into a similar state as before, and on re-admission was much excited. She now had phthisis. After showing the same mental symptoms as previously she was dismissed again in July last, after a residence of fifteen months.

This case was a good deal complicated by hysteria. It is reported she occasionally had epileptic fits of a hysteric type about five months before she had the attack of hysterical mania. In speaking of the desire to commit suicide she said she feared she would some day die by her own hand. She seemed to dread it, although she seemed at times intensely suicidal. She suffered from several bodily ailments. It was most difficult to distinguish between them and their hysterical counterfeits, and to satisfy one's mind whether she laboured under insane suicidal impulses or whether the outbreaks were not purely hysterical and in a great measure encouraged by herself, to create sympathy and make a little commotion. At the menstrual periods she had frequent hæmatemesis, but was at first stout and strong, and without phthisis, showing the hysterical element of her case. The gradual development of phthisis (which was carefully watched during her various residences in the asylum and which was recognised six months before her second dismissal) did not cause any change in the character of the mental symptoms.

She had a feigned delusion that her child was a serpent, but during no period of her history did she exhibit any well-marked symptoms of insane delusion.

Case 5.—R. A—, æt. 22, single. At the time of her admission she was reported to have been insane for three or four months ; the attack commenced with great depression of spirits, which had continuously increased and was accompanied by strong suicidal impulses, which she acknowledged, stating they always came on suddenly. A month after admission she had hysterical convulsions. She gradually became more cheerful, and was discharged three months after admission. After a lapse of fifteen months she was re-admitted in a similar state as on the first occasion, very dull and despondent ; while out she had often attempted suicide ; she improved so much that she was discharged in two months, but in four months time she was again admitted. She had manifested a great deal of ill-nature, and had been very quarrelsome, often striking and fighting ; this condition has continued at intervals ever since. A year after her admission she obstinately attempted self-strangulation. She has had and has an ungovernable temper and passions, is very

suicidal when excited or annoyed, occasionally querulous, irritable, and abusive. Every now and then she has an outbreak, breaking windows and swearing. She gets out occasionally on pass with an attendant but cannot be trusted alone. She often wishes and intends to do well, but cannot; she cannot help her desire to get drunk. In the intervals between her fits of excitement she is quiet and well-behaved, but has a very loose appearance and manners, with a bold and brazen expression of countenance.

There is no history of this patient being insane until the age of twenty-two. During the first two residences in the asylum she laboured under melancholia but was without any delusions. The whole history and character of her case confirms me in the opinion that she affords another illustration of a class of patients labouring under congenital moral defect, in whom, with every wish to do well, there exists an inherent incapacity to exercise self-guidance and self-control.

Case 6.—E. J—, æt. 20, single. This patient was reported to have been insane for about a month before her admission; she was desponding, and made ceaseless efforts to escape for some time after her reception. She seldom spoke spontaneously, but replied to questions rationally. Her manner was retiring, unconciliating, abrupt and repulsive. She was usually lazy, slovenly, and inattentive to herself, but at times was industrious and civil. Three years and a half after admission she was so well that she was removed by her friends on trial, but in a month she was re-admitted, having in the mean time been unruly, obstinate and indolent; she had a strong desire to return to the asylum; she continued in much the same state for some time. Six months after her second admission it is reported of her that she was shy and timid, but stiff and self-willed. She was usually very untidy in her dress, was very irritable and indolent, sullen and unsociable, but sometimes she was orderly, tidy, and less sullen and distant to her companions. When irritated she became violent, and every now and then broke windows in her paroxysms of excitement. This condition gradually passed into dementia, in which she remains.

On making more particular inquiries into the early history of this patient, it was ascertained that there had always been peculiarities of disposition similar in kind, but less marked in degree than those which ultimately developed themselves into morbid, sullen, obstinate and uncontrollable impulses, passing gradually into confirmed dementia, but at no period of her history complicated with insane delusions.

Case 7.—M. H—, æt. 28. Three years prior to admission she commenced to have paroxysms of crying, lowness of spirits, and incoherent talk, and manifested at such times a suicidal tendency whenever she was in the least crossed in her wishes or undertakings, or if she took a very small quantity of whisky. She was originally sober and industrious. She is naturally extremely sensitive and intense in all her emotions.

After admission she was most industrious, and cleaned all she put her hands to to perfection; if any disparaging remark was made her chagrin was intense and she always became violently excited for ten or twelve hours, at the end of which time she settled down into her usual state. After a residence of seven months she ceased to be excited on small provocation and as she continued apparently quite well for two months longer she was discharged, but two days afterwards was re-admitted, violently excited; the attack was brought on by an injudicious taunt about her having been in an asylum; after being detained for nine months, during the first seven months of which time she continued to have outbursts of the same kind and duration as before, she was removed to Ireland.

In rather more than two years she was again admitted. She had been furious and violent, noisy and destructive, used profane language, and was abusive. She remained in the asylum for two years and a half; excepting for a few months before her liberation, she very frequently had paroxysms of excitement, which were

caused by her being offended on the slightest occasion, by her jealously of others and by her pride, which was excessive; if anything came in her way she shouted, cursed at, and abused all about her; she was then vindictive, threatening to others, and struck them. At most times she was subtle, venomous, and given to lying, although industrious and quiet, but so impulsive that in a moment she was often changed from one of the best to one of the worst patients, using obscene and profane language, forward and impudent in her manner, ill-tempered and discontented, and making a great noise. When menstruating she was more than usually inclined to be suspicious, irritable, and easily upset. She very frequently showed a strong suicidal tendency during her paroxysms of excitement..

A little more than two years elapsed, when she was admitted for the fourth time; from that time to the present she has been in the same condition as formerly, *i. e.* at times irritable, very abusive on the least provocation, extremely jealous, and occasionally violent for a short time; but at other times she appears to be quite well, sometimes for a considerable period, but at the best her temper cannot be trusted for an instant.

It is well remarked of this patient in the case-book, that "her temper is so excitable, and her mind so delicately balanced, that she is totally unfitted to encounter the *contre-temps* of the world outside an asylum."

This patient, during no part of her illness, ever displayed any intellectual impairment or insane delusion; yet it cannot be doubted that she was destitute of self-control to the extent of making her dangerous both to herself and others, and that this condition could be ascribed only to an original want of balance in her moral nature.

Case 8.—C. W—, æt. 23, single. This patient was a notorious gaol-bird; she had been convicted three years before her admission, and since then had been four times in confinement for falsehood, fraud, and imposition. She was described as being "a consummate impostor, deceiving gentlemen, inspectors of poor, police officers, and others, with false and carefully got up, as well as plausibly told, stories of her parentage, life and education, acting whatever character she assumed so well that those to whom she was a stranger were completely imposed upon." "She has tried many a trick in her time. She once passed herself off in an institution as deaf and dumb, and continued to maintain the character of a mute for a number of months." She left her parents about nine months before her admission into the asylum; in the mean time they were ignorant of her whereabouts.

For a short time after admission she behaved in an eccentric manner, but was able to reason correctly. She was cunning, and showed a wish to be mistress of those with whom she associated. She soon became passionate and insubordinate, but behaved well when the privileges she enjoyed were curtailed. For seven months there was no change; she was exceedingly troublesome, violent, passionate, very revengeful if opposed, dangerous and insubordinate, but could, and sometimes did, behave herself very well when she had an object to gain; she then became desirous of leaving, and continued to conduct hersef so well that she was discharged thirteen months after admission.

She evinced much astuteness and intelligence, as is evidenced by the foregoing abstract of her case, but showed a lamentable want of moral power; she would lie, be passionate, revengeful, violent and ungovernable when she made no attempt to control herself but, when she did, could conduct herself with perfect propriety.

Like the preceding cases, the patient displayed no intellectual impairment or delusions but, on the contrary, manifested a considerable amount of talent and ingenuity in carrying out her various projects. The moral perversion in this case was almost incredible. For several

months after her discharge she was heard of from many different parishes as an escaped lunatic presenting various forms of insane conduct; for the furtherance of her course of deception she assumed different names in the course of her travels both before and after her residence in the asylum.

Very similar to the case of L. M— (Case 1), but a slight contrast to it as showing how pure moral insanity may finally become associated with delusions and dementia, is the following case of a girl who has been admitted thrice, having been twice discharged.

Case 9.—J. F—, æt. 19, single. She was congenitally weak-minded, and possessed but little self-control; naturally forward and insolent in her manner, very indolent in disposition, and got drunk whenever she had the opportunity. She had been resident in a poor-house most of her life. Shortly before admission she had gradually become more unmanageable, and was at times very violent, noisy, and destructive. Sometimes she spoke to imaginary persons, whom she appeared to think addressed her; it was suspected this was feigned. She threatened to attempt suicide, but it was not imagined she had any real intention of doing so. She spoke correctly and civilly when addressed.

For the first six weeks she appeared sane, but then became, and was for the greater part of two years, violent, at times striking right and left, tearing and screaming to her utmost, using most obscene language, was quarrelsome and passionate; when the attacks passed off she became sullen, obstinate, and extremely perverse; whatever she was told to do she would not, and *vice versa.* She was discontented, and always plotting and carrying out some mischief. Five months after admission she pretended to be maniacal; she was destructive and dirty in her habits, talked nonsense, and was constantly noisy; she always got worse in the presence of strangers, and always took care not to injure herself by tumbling about; which she did in a most absurd manner; the expression of her face was unchanged. After a time she improved, behaved with perfect propriety, became industrious and very obliging, and was discharged after being two years in the institution.

She became a servant, but relapsed within two months; in the interval she had exhibited much of her usual ill-temper and bad natural disposition; shortly before re-admission she had become quite unmanageable. She behaved after re-admission much the same at first as on the last occasion, but speedily improved, and was discharged in five months.

She continued to conduct herself well for four months, and during that time was a domestic servant, but a few days before her re-admission she became very violent, talked constantly, was very quarrelsome, and threatened to strike others. She was discontented, quarrelsome, troublesome and idle, and got worse, until, in four months time, she became distinctly maniacal, had various delusions, and stripped herself naked; this attack was short but left her somewhat demented, but very impulsive and liable to sudden attacks of excitement and violence, apparently without cause; in this state she continued for eighteen months, when she had hallucinations of hearing and frequently became maniacal. This state continued for about a year, when sexual hallucinations were developed; she fancied everything was hers and stole everything she could, and she frequently had maniacal attacks. She remains in the asylum and is now generally pretty well behaved and is quiet, but she is slightly demented, vain, irritable, discontented, querulous, and occasionally abusive; almost every day she has an outburst of temper and is very violent. She has lately had one of her maniacal attacks, in which she was more than usually violent and aggressive. She now labours under persistent delusions of a sexual character.

I now select a series of cases from the male patients, illustrative of the same subject, viz.—insanity referable to congenital moral defect in the constitution.

Case 10.—W. P—, æt. 27, single. He was brought to the asylum from gaol, where he had been sent for being the principal actor in a street disturbance; that is all that is known of his antecedents. He said he was a vagrant. His physiognomy is strikingly that of a person of a low type of organisation; it has been ascertained that his brother is a convict, and he evidently belongs to that class from which so large a proportion of our convict population is derived.

On admission he was, with his own limited sphere of ideas, shrewd, sagacious and clever, but displayed no conscientiousness, and took a great delight in annoying whomsoever he could. He told falsehoods with great facility. He was industrious. Two years after admission he is described as being a thief and a vagabond, less prone to mischief than he had been, but would do it if he got a good chance; he was fond of decorating himself with gaudy-coloured articles, and was very filthy in his habits. If not addressed as Mr. P— he became sullen and revengeful, but timid and cowardly in carrying out any purpose of retaliation, but if humoured was very industrious, and conducted himself pretty well.

During the next three years he was frequently troublesome, from his constant annoyance of and consequent brawls with others, and required strict discipline. He was fond of lying, impudent, slovenly, indolent if not humoured a little, and infamously dirty. The next year he improved, inasmuch as he was quieter and more orderly. He was industrious, and liked best to be put to the dirtiest work about the place, such as assisting at the furnaces; when so engaged his cup of happiness seemed to be overflowing. From that time (eleven years ago) to the present he has continued without any marked change; he is still disposed to be mischievous and to annoy others; any allusion to death puts him in a fury, especially if any one offers to measure him (as if for the length of a coffin), or mentions coffins to him. He does not tell downright lies now, but he exaggerates to a great extent. He still delights in dirty work, and seems best pleased when he has got his hands well daubed with tar. He gets out on pass by himself once a week (always behaving himself well then), and can be trusted with simple messages; if there be any complexity in them his mind seems unable to grasp them. He lost sixpence three years ago; its loss had a very depressing effect on him, from which he recovered very slowly. He does not appear to have any delusions, and has never evidenced any.

I have inserted this case as a typical one, illustrative of many of those cases which help to people our gaols and reformatories, but in which the tendency to vice is obviously connected with congenital or hereditary moral defect. It affords a link between cases of a low type of intellectual development, accompanied with moral imbecility, and those cases where the same moral defect is conjoined with a higher type of intellectual organisation.

Case 11.—A. M—, æt. 16, single. The history of this patient only dates from about a year preceding his admission; it is stated that until that time he was as smart as other boys, with the exception that he never had been able to get on at arithmetic; since that time his mind had been affected, and during the two months immediately preceding admission he has become much worse. An aunt was insane, an uncle was epileptic, several of his father's relatives had been paralytic, and his father was intemperate. It is stated that he commenced to take epileptic fits more than a year before admission; during that time he had attacks of excitement,

which had increased in frequency, being two or three times a week on his admission; these attacks came on at uncertain times; before them he was elevated, and after them was violent, and threatened to strike with anything he could lay his hands on; when excited he fancied that persons were quarrelling with him and speaking about him, and thought the walls of the house were in a blaze; he then, and then only, had a dislike to all the members of his family. He generally became quiet when a stranger entered the room. He threatened to drown himself two months before admission.

On admission he was quiet and good-natured. He was small for his age and very slightly formed: his head was small and very narrow, appearing as if compressed laterally. He continued quiet for three months, when he became quarrelsome and passionate, and swore loudly and continuously; he has continued to take these attacks pretty regularly every six months; in the intervals he has been amiable, obliging and perfectly quiet, and has been discharged three since his first admission, seven years ago; he has always been brought back within a year of his discharge (the last time he was only out for two months) in a similar state as described previous to his first reception. He had an attack of excitement and noisiness in July last. He says he feels very doubtful if he could get on if he left the asylum. The least thing annoys him and makes him quarrelsome and irritable—at such times he talks much to himself and manifests a considerable want of self-control. When not excited, there is not a better patient in the house; he is quiet, civil and obliging, industrious and energetic. Last winter he wrote two papers, which he read before the Library Club of the institution—they showed a fair amount of intellect.

He has not been once known to take a fit, either by night or day, during his residence in the asylum. He can exercise sufficient self-control to get on well in the asylum, where there is nothing to annoy him much, but not sufficient to stand the bustle of the world.

Case 12.—N. W—, æt. 19, single. Although it was attempted to give him a good education he was unable to acquire the ability to spell correctly or to progress beyond the elementary branches of education. His disposition was naturally moody; he had been quarrelsome, and was of very idle habits. From infancy he had presented certain peculiarities of conduct, such as a great desire to appear in ragged and dirty clothes, particularly in circumstances calculated to vex others—he would on his return from church put off his Sunday clothes, clothe himself in the worst clothes he could procure and go out and parade his rags. When fifteen months old he had hydrocephalus, in the opinions of the late Drs. Abercrombie and Beilby; at nine years he broke his arm, and was then delirious, and attempted to leap out of the window. He was placed in various offices as a clerk but found to be incompetent, although trustworthy, and was ridiculed by the other clerks. He was then fitted out to go to Australia, but he prevailed on the captain of the ship to land him at Falmouth, whence he went to North America, it was supposed as a ship's boy; he was accidentally discovered by some friends there, and sent home. Since his return he had been drinking freely for some months before admission, and every eight or ten days was taken home by the police, generally in a state of frenzy, fighting with and striking any one who interfered with him; in this state, on one occasion, he assaulted the medical man of his family in the dark, in his own room, and told him he had the means of killing him. He intimidated his mother for money. His maternal grandmother had been of a very nervous temperament.

For two months after his admission he conducted himself pretty well, but he then tried to send letters away surreptitiously; at times he was sulky, delighted in teazing and irritating inoffensive and quiet patients, manifested great self-esteem and credulity, believed readily the most unlikely stories, and spoke with the authority of a statesman about politics, although he was very deficient in information, and confidently foretold what Austria and France would do. He became learned on the law regarding insanity and argued his own case with much ingenuity. Four months afterwards he made an impulsive and altogether uncalled for assault on one of the attendants. He was very slovenly in his habits. Shortly afterwards he used most violent and abusive language to the physician, and

threatened the life of a doctor in Edinburgh, saying, that after being in an asylum he would not be held responsible for the doctor's death. A month later he professed penitence, but his countenance indicated a sullen vindictiveness that ill accorded with his profession; when unobserved, he irritated inoffensive patients. He continued in a variable state, sometimes being idle and abusive, lying, violent and teazing others, at others, studying, amiable and quiet. After a year he was discharged at his friends' earnest request after a residence of eighteen months.

A month afterwards he was readmitted; in the mean time he had been violent, threatening the lives of his mother and others, and drinking. His friends again removed him, after he had been in the asylum for two months, during which time he had conducted himself much the same as during his first detention but was still more specious, untruthful, ingenious in arguing the question of his sanity, and vain than before.

In seven months he was again brought back, having become quite unmanageable and dangerous; this time he was in the asylum for three months, when he was removed again, after behaving very well and quietly; it was evident he exercised all the self-control he could.

Case 13.—D. H—, æt. 17, single. It was stated he had been occasionally excited for two years, previous to which no distinct peculiarities in feeling or thinking were observed. No "distinct" hereditary predisposition existed. He had been tolerably well at times, but two months before his admission he had indulged freely in the use of spirituous liquors, which had aggravated his disease. He was of an irritable disposition and his habits were very dissipated. His illness was attributed to disappointment in obtaining a commission in the army, on which subject and poetry he became much excited. He had not displayed any symptoms of delirium tremens.

Shortly before admission he became much excited, cursing and swearing, and threatening violence to the attendants; at one time he preached, at another he sung. He made rational replies to observations and questions but could not converse without speaking in the highest terms of his own talents. From this state he gradually improved, and was discharged three months after his admission.

Five months afterwards he was re-admitted. Until a little while before this, his second admission, he had conducted himself with propriety but here lapsed, became irritable, excited and uncontrollable in language and habits, was very egotistical, obscene in his language, and dangerous when opposed. On admission he spoke incoherently, tore his clothes, and refused his meals. Two months subsequently he was removed to another asylum; he was then quite demented, often would not speak, and was destructive and filthy in his habits.

This case presented all the features of one of congenital moral defect, gradually aggravated by habits of dissipation, until attacks of maniacal excitement, unaccompanied, however, with insane delusions, ultimately terminated in dementia.

Case 14.—M. A—, æt. 20, single. From earliest childhood he has been peculiar—he never played with other children. When a schoolboy he commenced to steal; he took things which were quite useless to him, such as his sister's gloves, handkerchiefs, &c., and then concealed them; he took little trouble to avoid detection. He often used to cry bitterly at his frailties, and tell his mother he was really sorry he could not help them. The kleptomania grew upon him as he grew older; until things he had taken were found he denied he had stolen them, but he then admitted it. He used, as a schoolboy, to deceive his father with regard to his *status* in his school, and frequently took occasion to steal money from his father's desk. He was apprenticed to a civil engineer, but was obliged to leave, in consequence of his having borrowed money largely on false pretences for which he had no necessity, and which he made no use of, except that he gave it freely to others; he had to leave

another situation for obtaining money fraudulently—the money so obtained he squandered away in the most open and thoughtless manner, often giving all he stole to the first companion he met. He always maintained that his thefts were objectless, that he wished to possess money but when he had it did not know what to do with it; his mother believed this statement but his father did not, and enlisted him as a private in the army. He soon became a favourite in the regiment, especially with his sergeant, from whom he stole £10, the greater part of which he gave to one of his comrades. He was, of course, detected, was tried and sentenced to six months' imprisonment; this term was changed to six weeks when it was certified he was mentally affected, and he was immediately thereafter sent to Morningside Asylum. An uncle committed suicide. The patient has always been of a gentle and affectionate disposition.

He is apparently a gentle, manly, high principled young man, and is a great favourite with all. He receives instruction in algebra, mathematics, &c., daily from the chaplain, pays great attention to his studies and makes good progress. He says he cannot help stealing, and seems extremely sorry he cannot.

For a time after admission he did not attempt to steal anything, to deceive any one, or to do anything with which the least fault could be found, but it soon afterwards became painfully evident that he is led by any one in whose company he may be, either for good or evil; that he cannot resist temptation, being morally as weak as a child, It now appeared that the theft from his sergeant had not been objectless but was for the purpose of paying for some drunken debauch and its results, which he had had with his comrades, by whom he always liked to be looked upon as a gentleman, and whom he had been treating to a "spree." He has recently been trusted with money, and gave a false account of what had become of it; but when accused of the falsehood he admitted it and seemed extremely penitent and very much ashamed of himself. He said he had spent the money foolishly and had been afraid to say so. The impression is that very little reliance can be placed in his word.

Although every inducement has been held out to him to act honestly and ask for whatever he required, with the assurance that it would be supplied to him, he has on various occasions, when he had an opportunity, ordered articles of clothing and jewellery for which he had no need, although aware that such purchases would inevitably be found out in a short time and deprecated by his friends as breaches of the trust reposed in him. Whenever he is detected in a delinquency he expresses his deep regret at his inability to control his acquisitive tendencies.

Case 15.—P. H—, æt. 16. In this case there is a strong hereditary predisposition; his father and paternal grandmother died insane. From a very early age he evidenced a great propensity to steal and used to take things of little or no use to him—these things he used to secrete. He was sent to a succession of schools, but was obliged to leave each of them after a while; one in consequence of his being known or strongly suspected to have appropriated books; another, because the master of the school expressed his conviction that the young man was certain to end his life on the gallows; and on different other occasions no reason was assigned but it was simply requested he might be removed. While at these schools he was always thought to have some deficiency about him and to be mentally unlike his schoolfellows, who recognised the fact. When visiting friends he was in the occasional habit of helping himself to books, especially sensation novels and railway guides, which constituted his most acceptable mental pabulum. His intellect is of high order; his correct memory of dates, places and times is extraordinary; he has travelled a great deal in Great Britain (having a passion for railroads) and knows the lines running into each town he has visited (and their name is legion), and the times at which the trains arrive at, and depart from, the stations, to and from other stations; like Mr. Wyndham, he was fond of driving trains himself or of being in the guard's van.

Shortly prior to his admission he had disappeared from his mother's residence in Scotland after having, in her name, drawn £200 from a bank; the next thing heard

of him was by a letter sent to his mother from London, stating he had invested the £200 in railway shares along with £500 he had received from a nobleman for some great service he had rendered him, the nature of which he would explain on his return. This statement was entirely without foundation. During his sojourn in London (where he remained for some time) he devised a plot which, for refined ingenuity and diabolical cunning, would have made an excellent foundation for one of those morbid productions, unhappily now so common, termed—and only too appropriately—*sensation* novels. The plan he proposed to carry into effect was to obtain the assassination of an uncle and cousin in order that he might, as next heir, inherit a large estate: he offered £12,000 for the murderers. The police heard of the plot, an investigation was made and was terminated by the young man being placed in the Royal Edinburgh Asylum; the adoption of this course appears to have satisfied the uncle, who had reasonably become very much alarmed, and the police.

I have previously mentioned proofs that his memory is extremely clear and retentive; to a certain extent he is clever. His judgment of other persons and of the motives which influence them is, in some respects, very true and rapid, in others obviously and remarkably deficient. He soon finds out whether a man is conceited, absurd or a fool, but does not seem to recognise the fact that any of his fellow-patients are insane; he does not attach any psychological or pathological importance to what they do, but speaks of them as "vapid asses," "fools." He does not consider himself a patient or think that he is looked upon as mentally affected. He seems incapable of judging whether a man has any emotions or passions—whether he is generous or selfish, religious or blasphemous, highminded or depraved. For those who are excited and quarrelsome, or miserable and misanthropic he has no compassion or sympathy; according to him they are equally "fools" or "vapid asses."

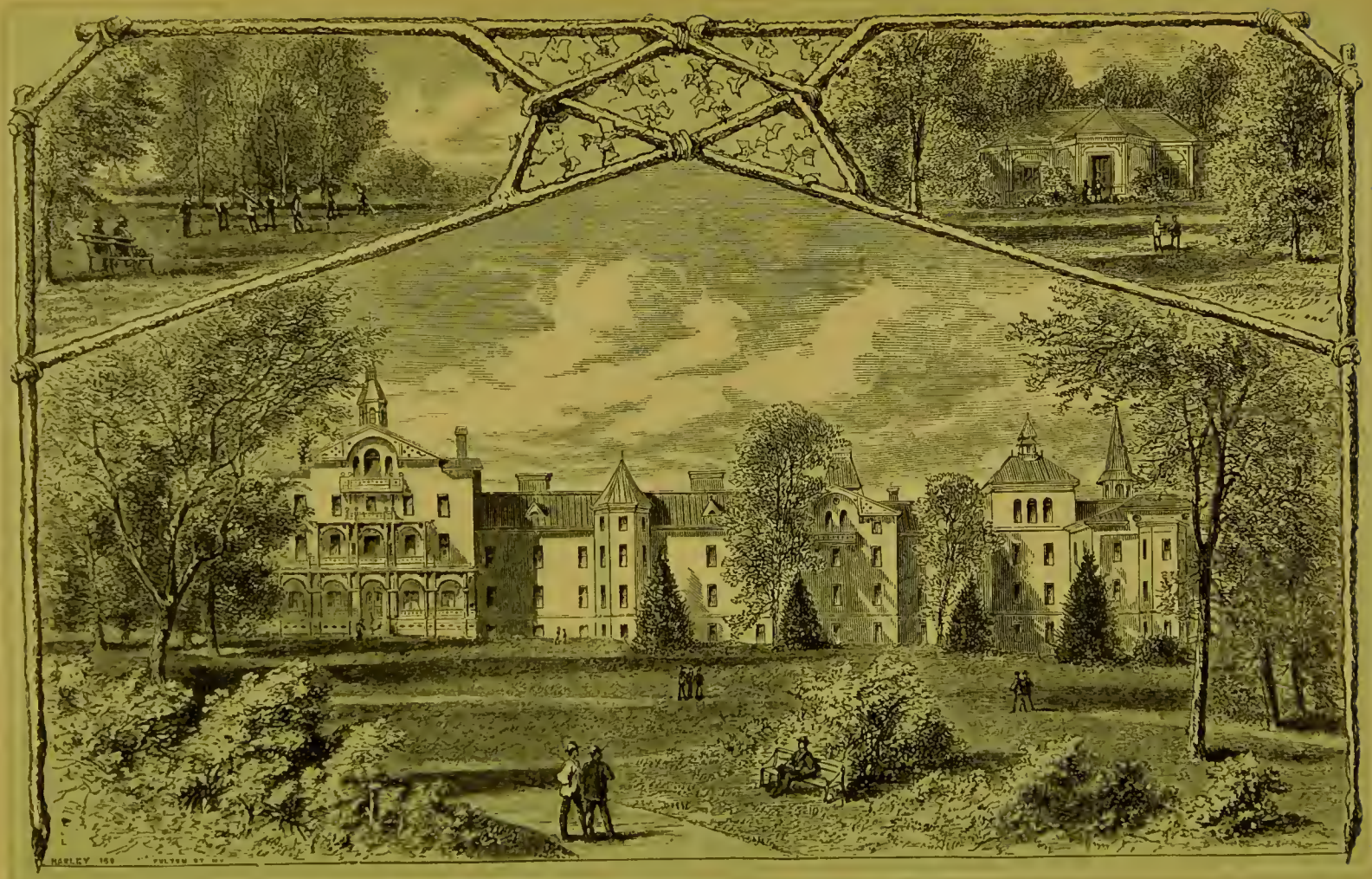
When questioned about his proceedings in London and asked whether he was cognisant he had done wrong he replied he supposed he had; but he could not be made to appreciate that it was a subject of any import, to express any regret or to be ashamed of himself. If spoken to about his plot he does not attempt any defence of his intentions or to palliate them, but speaks of them as a matter of course and altogether shows a deplorable want of feeling as to what is right and what is wrong; he seems, in fact, quite incapable of judging at all between the two. The only apparent check upon his committing actions which are wrong is, his dread of being found out—not because they *are* wrong.

He has always been very gentle and affectionate in his disposition, especially to his mother, whom he seems to love in the same way as a daughter might be expected to do. There it very little manliness about him; he seldom appears to be speaking honestly and in a straightforward manner; while speaking he often looks at one in a stealthy, cunning, cat-like manner, with his eyelids drooping; for a long time (until, indeed, laughed out of it) he would not play cricket, and when he plays he is well padded and avoids every ball at all likely to hit him; when skating he always pushed a chair before him; if trying to go at all fast, if without a chair, he was very uncomfortable and went with great caution, manifesting the greatest dread of falling; the approach of a wasp or bee causes him to shrink and shriek with a short cry of agonized terror; in any games he attempts he displays an absolute want of courage. He is very fond of whist; although told, over and over again, that hints are not allowed and that tricks must not be looked at after turning them over he is constantly winking or nodding at or hinting to his partner, and frequently turns over the tricks to see what cards have been played; when detected cheating and spoken to about it, he says, "No, it's not a good plan. I see it doesn't do." He seems to lack the boldness of dancing anything more complex than a quadrille, while the idea of waltzing never seems to enter his imagination. At meals he does not think of the possibility of others liking what he relishes until he has had enough; for instance, if there were a few strawberries on the table he would eat them all unless something else happened to tempt his appetite. So long as things are done or got for him he never considers the trouble which may be entailed on others. When any of his numerous attempts at deceit are discovered and he is spoken to about them he laughs and seems to think them good jokes. He

on the contrary, those simply of chagrin on being found out and thwarted. In all the other cases we perceive there is a certain and variable amount of self-control, ascending from the very small amount of it displayed by M. A—, to the great power of self-control frequently displayed by C. W—.

These observations would naturally point to the inferance that *degrees of responsibility* ought to be legally recognised by our courts of law: this point has been so admirably elucidated by Dr. Bucknill, in his excellent essay on 'Unsoundness of Mind in relation to Criminal Acts,' that I do not presume to enlarge further upon its importance, but content myself by submitting the preceding selection of cases as a contribution to our knowledge of this difficult subject in its very important medico-legal relations.

FREDERICK A. BLAKE, PRINTER, MARKET PLACE, SALISBURY.



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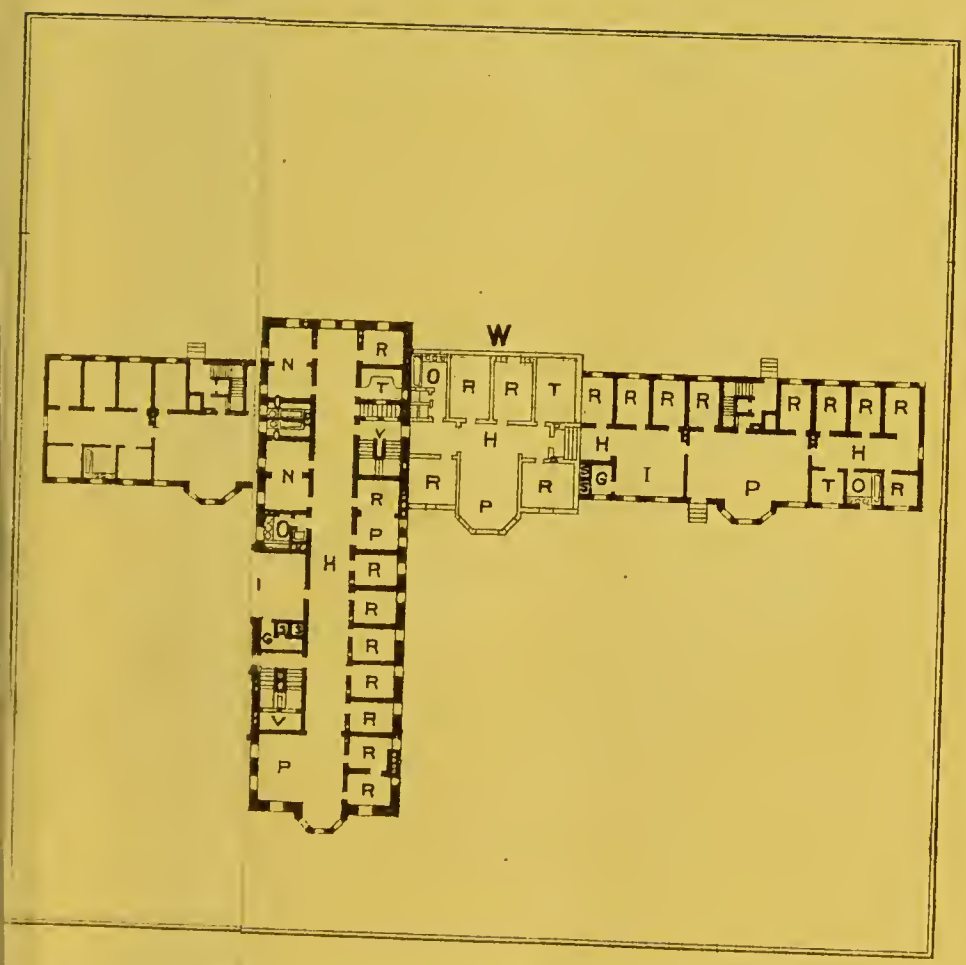

A *Superint*
B *Public*
C *Stewar*
D *Recept*
E *Dispen*
F *Store R*

V *Ventilating Shafts*
W *Intended Addition*
X *Amusement Hall*
Z *Boiler House*